

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**PETITION FOR  
SUBSTANCE ABUSE TREATMENT AND  
REHABILITATION SERVICES**

**FILE NO.**

In the matter of \_\_\_\_\_, a minor

1. I, \_\_\_\_\_, am the ☐ parent  
Name (type or print)  
 born \_\_\_\_\_, is a resident of \_\_\_\_\_, and is presently found at  
Date County

2. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Minor		
	Father		
	Mother		
	Program director		
	Person in loco parentis		

3. The minor is in need of substance abuse treatment and rehabilitation services. This conclusion is based upon the following facts:

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4. ☐ Following a diagnostic evaluation, the minor was determined to be physiologically dependent, but the minor has not consented to substance abuse treatment and rehabilitation services. A copy of the evaluation is attached to this petition.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

5. ☐ Psychotropic drugs are needed for the minor's treatment. This conclusion is based upon the following facts:

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Each drug proposed to be used is 

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6. The least restrictive setting available for treatment of the minor is 

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7. The treatment plan proposed for the minor is 

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8. I am willing and able to provide or arrange for the management, care, or residence of the minor.

**I REQUEST THAT:**

9. The court determine substance abuse treatment and rehabilitation services are necessary and the suitable placement for the minor.

10. ☐ The court order the use of psychotropic drugs in the treatment program.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

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Date

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Attorney signature

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Name (type or print) Bar no.

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Address

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City, state, zip Telephone no.

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Signature

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Name (type or print)

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Address

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City, state, zip Telephone no.